

AGENDA FOR

HEALTH SCRUTINY COMMITTEE

Contact: Julie Gallagher
Direct Line: 01612536640
E-mail: julie.gallagher@bury.gov.uk
Web Site: www.bury.gov.uk

To: All Members of Health Scrutiny Committee

Councillors: J Grimshaw, S Haroon, T Holt, K Hussain,
N Jones, O Kersh, L Smith, S Smith (Chair),
Susan Southworth, R Walker and S Wright

Dear Member/Colleague

Health Scrutiny Committee

You are invited to attend a meeting of the Health Scrutiny Committee which will be held as follows:-

Date:	Thursday, 6 September 2018
Place:	Meeting Rooms A&B, Bury Town Hall
Time:	7.00 pm
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
Notes:	

AGENDA

1 APOLOGIES OF ABSENCE

2 DECLARATIONS OF INTEREST

Members of Health Scrutiny Committee are asked to consider whether they have an interest in any of the matters on the agenda and if so, to formally declare that interest.

3 PUBLIC QUESTION TIME

Questions are invited from members of the public present at the meeting on any matters for which this Committee is responsible.

4 MINUTES (Pages 1 - 4)

Minutes from the meeting held on the 21st June 2018 are attached.

5 UPDATE FROM THE CHIEF EXECUTIVE, GEOFF LITTLE (Pages 5 - 8)

A report from the Chief Executive is attached.

6 BURY CLINICAL COMMISSIONING GROUP - CONSULTATION ON PROPOSED CHANGES TO IN-VITRO FERTILISATION (Pages 9 - 18)

Dr Jeff Schryer, Chair Bury CCG and David Latham Programme Director, Bury CCG will attend the meeting to provide members with details of the CCGs proposed IVF consultation. Presentation attached.

7 WORK PROGRAMME UPDATE (Pages 19 - 22)

Julie Gallagher, Principal Democratic Services Officer will report at the meeting. Report attached.

8 URGENT BUSINESS

Any other business which by reason of special circumstances the Chair agrees may be considered as a matter of urgency.

Minutes of:	HEALTH SCRUTINY COMMITTEE
Date of Meeting:	21 st June 2018
Present:	Councillor S Smith (in the Chair) Councillors J Grimshaw, S Haroon, T Holt, A McKay, O Kersh, R Walker and S Wright
Also in attendance:	Stuart North, Chief Operating Officer, Bury Clinical Commissioning Group (CCG) Steve Taylor, Director of Operations, Bury & Rochdale Care Organisation Tyrone Roberts, Director of Nursing, Bury & Rochdale Care Organisation Dr Cathy Fines, Clinical Lead, Bury CCG Kim Marshall, Healthy Young Minds David Latham, Programme Manager, Bury CCG Penny Martin, Pennine Acute Josh Bainbridge, Pennine Acute Dr Merijam Kikic, Paediatrician, Pennine Acute Lesley Jones, Director of Public Health Julie Gallagher, Principal Democratic Services Officer
Public Attendance:	1 member of the public was present at the meeting.
Apologies for Absence:	Councillors N Jones, K Hussain and Susan Southworth

HSC.48 DECLARATIONS OF INTEREST

There were no declarations of interest made at the meeting.

HSC.49 PUBLIC QUESTION TIME

There were no questions from members of the public present at the meeting.

HSC.50 MINUTES**It was agreed:**

That the minutes of the meeting held on 17th April 2018 be approved as a correct record.

HSC.51 UPDATE FROM THE PENNINE ACUTE TRUST

Steve Taylor, Chief Officer and Tyrone Roberts, Director of Nursing attended the meeting to provide members with an update in respect of Bury and Rochdale's organisational journey from the Care Quality Commission rating

of requires improvement to good. The presentation contained information in respect of the following areas:

- Improvement Plan
- New governance structure
- Fragile services, investing in people
- FGH attendances, Ambulance arrivals, 12 hour trolley waits, 4 hour breaches and performance
- Accident and Emergency
- Serious Incident Reports

The Chief Officer reported that A&E attendances have risen by 8.1% during January and February 2018, this equates to an additional 799 patients. Four hour breaches have significantly reduced from 2112 to 1577 compared to the 12 months previously.

The Chief Officer and the Director of Nursing reported that the key factors in the improvements witnessed were as a result of the changes to the site management arrangements as well as the empowerment of staff.

Those present were invited to ask questions and the following issues were raised.

Responding to a Member's question the Director of Nursing reported that the CQC would target areas at the highest risk during a re-inspection visit. Good practice would be shared with other sites within the Northern Care Alliance.

In response to a Member's question the Chief Officer reported that an IT strategy is being developed across the Northern Care Alliance to address the IT problems.

The Director of Nursing acknowledged that patient falls still remain a problem within the Northern Care Alliance. There has been a 20% reduction in the number of falls on Fairfield General Hospital site. All falls will be reviewed there continues to be a number of recurring factors, work is being undertaken in respect of learning from these incidents. Falls will continue to be a primary area of focus going forward.

With regards to the Northern Care Alliance, the Chief Officer reported that Salford Royal Foundation Trust has a management contract to support the hospitals of the Pennine Acute Trust. A committee in common has been established. The issues are two fold, firstly the acquisition of the Pennine Acute Trust by Salford Royal and the disaggregation of the North Manchester General Hospital in to the City of Manchester Hospital.

Responding to a concern raised in respect of zero, 12 hour trolley waits, the Chief Officer reported that the Trust do collect information in respect of patients waiting between 4 and 12 hours although this does not need to be reported to the Department of Health. This information can be made available to the Committee.

The Chief Nurse reported that workforce issues still remain a pressure point for the Trust, in particular spend on agency staff. A great deal of work is underway to address recruitment and retention issues within the Trust.

Vacancy rates in some areas remain high, this is a national problem and the Trust are looking at innovative ways to try and address these issues, including; recruiting from overseas and the south-east, recruiting to alternative roles to ease the pressure on nursing and middle grade doctor vacancies as well as using the recent positive CQC re-inspection to entice staff to the Trust.

It was agreed:

Representatives from the Northern Care Alliance be thanked for their attendance.

HSC.52 BURY CLINICAL COMMISSIONING GROUP – AUTISM UPDATE

Commissioner and provider representatives from Bury Clinical Commissioning Group, Pennine Acute, and Pennine Care attended the meeting to provide members with an overview of the services provided to diagnose and assess people with Autism Spectrum Disorder.

The presentation contained the following information:

Bury CCG currently commissions services from two providers:

- Pre-school - managed by Pennine Acute
- Age 4-9 – managed by Pennine Acute
- Over 9s – managed by Pennine Care (Healthy Young Minds)
- Over 18s – managed by LANC (Learning, Assessment and Neurocare Centre)

The number of children and young people requiring review at the Multi-Disciplinary Team (MDT) case review meeting has increased year on year from 75 2012/13 to 144 in 2017/18. Referral to First Assessment waits – average wait is 8-9 weeks, significant improvement seen since July 2017. Referral to Diagnosis Outcome waits – some CYP waiting up to 18 months for consideration at the MDT meetings.

The Programme Manager, Bury CCG acknowledged that an 18 month wait is too long, a number of changes have been implemented to ease the pressure on the system:

- New service description set up within the electronic referral service to ensure accurate streamlining of referrals and children booked into the correct clinics from the outset
- Improved triage of referrals
- Improved information provided prior to referral
- Environmental changes and improved patient information at PAHT resulting from CYP and family engagement

The Directorate Manager (Acting), reported that some of these changes have contributed to a reduced waiting time from referral to first appointment to well below 12 weeks.

The Directorate Manager (Acting), PAHT reported that changes planned but not yet implemented will include a full Pennine Acute ASD improvement plan developed following external review of ASD assessment services.

The Directorate Manager (Acting), reported that further Multi-disciplinary team meetings have been scheduled to clear the current backlog.

Those present were invited to ask questions and the following issues were raised:

Responding to a Member's question, the Directorate Manager (Acting), reported that it is expected that the increase in the number of multi-disciplinary meetings will reduce the backlog by increasing service capacity by 50%.

Dr Merijam Kikic, Pennine Acute reported that the employment of a neuro-development nurse to work alongside the paediatricians will help to relieve pressure within the department.

It was agreed:

Representatives from the Clinical Commissioning Group, Pennine Acute and Pennine Care be thanked for their attendance.

HSC.53 WORK PROGRAMME

It was agreed:

That the Health Overview and Scrutiny Committee Work Programme be agreed for 2018/19 with the addition of the Locality Plan Risk Register and Transformation Monies.

HSC.54 URGENT BUSINESS

There was no urgent business reported.

**Councillor S Smith
In the Chair**

(Note: The meeting started at 7pm and ended at 8.50pm)

REPORT TO HEALTH SCRUTINY COMMITTEE

TITLE:	Bury Locality Plan: Update
DATE OF MEETING:	Health Scrutiny Committee – 6 September 2018
REPORT FROM:	Geoff Little, Chief Executive

1. PURPOSE AND SUMMARY

The purpose of this report is to provide the Committee with an update on the delivery of the Bury Locality Plan.

2. BACKGROUND

2.1. The Bury Locality Plan “Transforming Health and Social Care in Bury” was agreed in 2017 and runs until 2021. The Plan sets out ambitious proposals to transform health and care across Bury. The reason why the transformation is needed are:

- Gaps in healthy life expectancy. Too many Bury people become ill too early in their lives.
- Healthy life expectancy in Bury is 58.5 years for men compared to an England average of 63.3 and 62.2 for females compared to 63.9 for England.
- Health inequalities disproportionately affect Bury’s deprived communities. Healthy life expectancy in Bury’s most deprived communities is as low as 53.1 for men and 54.2 for women.
- There is a financial gap of £75m across the Borough’s health and social care services by 2021. This is caused by limited resources whilst the population grows and becomes older. Bury’s population is projected to increase by 3.4% by 2021 (to 194k) and the proportion of that population over 65 will increase by 9.5% over the same period.

2.2. The Locality Plan is one of ten across Greater Manchester (GM) which contribute to delivery of the strategy “Taking Charge of Health and Social Care in Greater Manchester”. This is the Strategy to improve health and social care services using devolved powers. Bury has been allocated £19m from the GM Transformation Fund established as part of the devolution deal. Bury is less well advanced than many other GM localities in implementing its locality plan.

2.3. The two key organisational changes for Bury set out on its Locality Plan were:-

- A Locality Care Organisation; and
- A Single Commissioning Organisation.

The rest of this report provides an update on each of these.

3. BURY LOCALITY CARE ALLIANCE

3.1. To deliver the plan for a Locality Care Organisation five organisations providing health and care services in Bury have come together to sign an agreement to create a Locality Care Alliance. The five organisations are:-

- BARDOC Limited
- Bury GP Practices Limited
- Bury Metropolitan Borough Council
- Northern Care Alliance NHS Group
- Pennine Care NHS Foundation Trust

3.2. The Locality Care Alliance (LCA) is being designed to integrate community health, social care, primary care and community mental health services. Acute health services are also involved in order to regulate the flow of patients into and out of hospitals. The purpose is to help people to remain healthy for as long as possible and when people do need health and care services for these to be provided for as long as possible in their own houses. The intention is therefore to reduce admissions to acute health and residential care services by shifting more care and resources into the community. This will be a major contributor to improving the services received by Bury people and reducing the financial gap.

3.3. The key components of the LCA will be:

- Five neighbourhood teams with co-located staff
- Staff co-located in five integrated neighbourhood teams (INTs) with single line management and joined up case management systems
- Borough-wide integrated services providing intermediate services and managing flows into/out of hospitals
- GPs and their teams using their knowledge of their locality to support the INT
- Strong connections to community groups, and voluntary organisations providing support

3.4. A road map has been created which will see the key components of the LCA being operational by April 2019. The key next steps are:-

- August/September 2018: creation of management team comprising Programme Director, a Director of Transformation and Delivery and senior managers for adult social care, community health and the voluntary and community sector.
- August 2018 – April 2019 further development of Integrated Neighbourhood Teams building on existing pilots and engaging front line staff in co-design.
- September 2018. Agreement of the scope and phasing of services to be included in the LCA. For the Council it is proposed that this will include Adult

Social Care Services from 2019 with some aspects of public health and public health services to follow in future years.

- September 2018 – December 2019. Negotiation of an Investment Agreement between Bury's partners setting out the total one off investment (from the GM Transformation Fund and the Better Care Fund) to set up the LCA and the expected return on investment in the form impact on activity levels in hospitals and residential care. The agreement will also set out the expected movement of mainstream resources released by those shifts in activity levels to fund the LCA once the one-off investment stops. The agreement will provide the performance metrics by which the LCA will be monitored;
 - September 2018 – December 2019 further development of the agreement between the LCA partners. This will include new provisions covering delegation of functions and professional accountability.
 - January – February 2019. Partners to deploy staff into the LCA. For the Council this will include Adult Social Care staff. The staff will remain employed by the Council and there will be professional accountability for adult social care functions back to the Director of Adult Social Care and the Chief Executive and relevant Cabinet Member in the Council.
- 3.5. The LCA management team will be accountable to an LCA Board where each of the five parties will have an equality of votes. It is intended that other providers such as Persona and the voluntary and community sector should also be represented on the Board. The LCA will be subject to scrutiny by this Committee.

4. **ONE COMMISSIONING ORGANISATION**

- 4.1. The purpose of creating a Single Commission Organisation Council's commissioning of social care and public health with the CCG is commissioning an acute, primary, community and mental health services. The current fragmentation of commissioning makes it difficult to focus resources on the priorities set out in the Locality Plan. The key components of the One Commission Organisation (OCO) will be:-
- Pooled budgets
 - Single budget processes
 - A single commissioning strategy
 - Shared performance data and intelligence driving commissioning and decommissioning decisions
 - New approaches to commissioning based on outcomes.
- 4.2. An OCO Partnership Board has been established to build the governance relationship between the clinical leadership in the CCG and the political leadership of the Council. Plans for creating the OCO are less well defined than for the LCA. The direction of travel is as follows:

- 4.3. The OCO Partnership Board is the foundation of the OCO and will be developed into a formal Single Commissioning Board for Bury with equal equality of representation from Members of the Council and the CCG. The Board will be accountable to the Cabinet of the Council maintaining the local democratic control of Council commissioning and to the Governing Body of the CCG maintaining the CCG accountability for NHS resources.
- 4.4. A single executive team will be created with combined roles covering both CCG and Council responsibilities. This will require significant organisational development and staff engagement.

5. CONCLUSION

- 5.1. The steps set out in this report are designed to accelerate progress on implementation of the Locality Plan. This will require very significant levels of communication and engagement with Bury residents, and with staff of the organisations involved and their trade union representative.
 - 5.2. Further reports can be brought to the Scrutiny Committee as the work moves forward.
-

Contact Details:-

Geoff Little, Chief Executive, Bury Council
Tel: 0161 253 5102, email: g.little@bury.gov.uk

REPORT TO HEALTH SCRUTINY COMMITTEE

TITLE:	Health Scrutiny Committee
DATE OF MEETING:	6th September 2018
REPORT FROM:	NHS Bury Clinical Commissioning Group (CCG)
CONTACT OFFICER:	Carrie Dearden caroline.dearden@nhs.net Dr. Jeff Schryer jeffrey.schryer@nhs.net

1. PURPOSE AND SUMMARY

To raise awareness of and continue a conversation around the CCG's public consultation in relation to IVF provision.

2. INTRODUCTION

A period of public consultation is currently underway in relation to IVF provision in Bury.

3. BACKGROUND

The Chair of the Health Overview and Scrutiny Committee met recently with the CCG Chief Officer and Chair to discuss the consultation. It was agreed that the CCG would come to the September meeting of the Committee to talk about the consultation process, answer questions and seek feedback.

4. WHAT IS WORKING WELL?

The consultation has been live since 6th August 2018 and will come to a close on 16th September 2018. The CCG has received a good response rate (in terms of numbers) to date.

The attached document provides more information about the consultation process to support a discussion at the Committee.

5. WHAT NEEDS TO WORK BETTER AND WHAT ACTIONS ARE IN PLACE TO ADDRESS THIS?

N/A

6. FUTURE PLANS AND PRIORITIES

N/A

List of Background Papers:

Consultation document and questionnaire attached (PDF).

Contact Details:

Carrie Dearden

Communications & Engagement Manager

T: 0161 253 7636

M: 07976 214 667

NHS Bury Clinical Commissioning Group (CCG)

Headquarters: Townside Primary Care Centre, 1 Knowsley Place, Knowsley Street, Bury,
BL9 0SN

www.buryccg.nhs.uk

Public consultation: Seeking your views on IVF

Introduction

We (NHS Bury Clinical Commissioning Group (CCG)) are seeking views from patients registered with a Bury GP practice, Bury health care professionals and other local interested parties on proposals to review our current policy in relation to commissioning In Vitro Fertilisation (IVF) services.

To capture your views and feedback before any decision is made, a period of public consultation will run for six weeks from Monday 6th August 2018 until Sunday 16th September 2018.

If you would like this document in another format, please contact us.

About this consultation document

This document provides information about the services we currently commission and explains the reason why we are considering changing our policy on commissioning IVF services.

At the end of the document you will find a link to a questionnaire which aims to capture your views and feedback. The survey also offers you the opportunity to let us know if you feel we have failed to consider something significant before coming to a decision.

About us

We commission (buy) health services for patients registered with a Bury GP practice, with doctors and other health care professionals making decisions about local services.

We have a budget to plan and purchase a range of health services including those provided in hospitals and in the community, including GP services.

Our Governing Body (Board) oversees our work and sets our priorities and direction. The Board is made up of doctors, health managers and other health care professionals and its members represent the interests of patients, carers and local people.

Financial pressures

We have a duty to live within our financial allocation and to break even (balance the books) each year. In addition we have a duty to secure the best investment for the funds that we have been allocated to provide high quality care for local people.

Whilst we have moved from being one of the most underfunded CCGs in the country to starting to close our financial gap, significant financial challenges still remain (we receive £8 million less than our target allocation) .

In recent years we have been able to manage expected financial gaps through the use of non-recurrent (one off) monies, however, these opportunities are now very limited and more radical solutions need to be identified to close the £7.3 million financial gap (deficit(as discussed at the May meeting of the Governing Body)) that is expected during 2018/19.

As a responsible commissioner, we have explored all areas of spend and made some recommendations to the Governing Body where it was felt that savings could be achieved whilst minimising the potential overall impact of any changes.

Some of the areas we looked at are simply about monitoring our own policies better and avoiding duplication in the system. In order to achieve savings to the scale that is required, we have had to look much harder than this and make some decisions which, whilst they may feel uncomfortable, we believe are appropriate in this challenging financial situation.

One of the areas we have identified for review is the current arrangements for the provision of IVF services in Bury.

Maintaining the current level of provision of IVF would mean that we would need to consider other areas of healthcare in order to make the required savings.

What is IVF?

IVF is one of several techniques available to try to help people with fertility problems have a baby.

During IVF, an egg is removed from the woman's ovaries and fertilised with sperm in a laboratory. The fertilised egg, called an embryo, is then returned to the woman's womb to grow and develop.

It can be carried out using your eggs and your partner's sperm, or eggs and sperm from donors.

What is a cycle of IVF?

One cycle of IVF comprises an episode of stimulation of ovarian function which hopefully results in one to several eggs being harvested. After eggs are harvested, the best ones are fertilised and the most viable embryo is then implanted in the womb. Any other fertilised eggs that are viable are frozen.

A cycle completes either with the birth of a baby **or** when all the viable embryos have been implanted, generally one at a time.

How many people in Bury access IVF services?

We do not have access to information regarding the actual number of couples registered with a Bury GP practice who have accessed IVF services from our two providers.

We do know, however, that during the last two financial years, we funded between 77 and 87 cycles of IVF each year (2017/18 data is awaiting validation).

What is the national guidance on IVF?

The National Institute for Health and Care Excellence (NICE(an organisation which provides national guidance and advice to improve health and social care)) fertility guidelines make recommendations about who should have access to IVF treatment on the NHS in England and Wales. However, the final decision about who can have NHS funded IVF in England is made by local CCGs whose criteria may be stricter than those recommended by NICE.

NICE recommends that women aged under 40 who have been unable to conceive after two years of regular unprotected intercourse (or 12 cycles of artificial insemination (IUI), in which semen is introduced into the woman's vagina), should be offered three full cycles of IVF. These IVF cycles can be either with or without intra-cytoplasmic sperm injection (ICSI), a technique in which a single sperm is injected into the egg. If the woman reaches the age of 40 during treatment, the current full cycle should be completed, but no further cycles offered. This is one year earlier than was previously recommended.

Women aged 40-42 years who have been unable to conceive after two years of regular unprotected intercourse (or 12 cycles of artificial insemination) should now be offered one full cycle of IVF, with or without ICSI. However, NICE recommends they must also:

- have never previously had IVF treatment
- show no evidence of low ovarian reserve (this is when eggs in the ovary are impaired or low in number)
- have been informed of the additional implications of IVF and pregnancy at this age

What do we currently provide?

We are currently one of only four CCGs in the country (from April 2018 there are 195 CCGs in England) that provides IVF fully in line with [NICE guidelines](#), including offering up to three funded cycles.

The majority of CCGs in England offer one funded cycle.

How much does IVF cost?

In Bury for 2018/19 there is a projected spend of £321,610 against the provision of IVF. This is a projected figure based on actual data from April 2017 to February 2018. The cost of each funded cycle varies based on the specific nature of the intervention.

How much money could be saved by reducing the provision of IVF?

Taking the average cost per funded cycle for each year, reducing the number of funded cycles could save:

	One year estimated savings	Five year estimated savings
Moving from three to two funded cycles of IVF	Up to £47,083	Up to £235,415
Moving from three to one funded cycle of IVF	Up to £169,498	Up to £847,490
Moving to zero funded cycles of IVF	Up to £321,610	Up to £1,608,050

How successful is IVF?

The success rate of IVF depends on many factors including the age of the woman undergoing treatment, as well as the cause of the infertility (if it is known). Younger women undergoing IVF treatment are more likely to have a successful pregnancy. IVF isn't usually recommended for women over the age of 42 because the chances of a successful pregnancy are thought to be too low.

The Human Fertilisation and Embryo Authority (HEFA) information suggests that between 2014 and 2016, the percentage of IVF treatments that resulted in a live birth were as follows:

- 29% for women under 35
- 23% for women aged 35 to 37
- 15% for women aged 38 to 39
- 9% for women aged 40 to 42
- 3% for women aged 43 to 44
- 2% for women aged over 44

Summing up the case for change: Why are we reviewing the provision of IVF in Bury?

- We have a duty to live within our financial allocation and to break even (balance the books) each year.
- Whilst we have moved from being one of the most underfunded CCGs to starting to close the financial gap, challenges still remain.
- In recent years we have been able to manage expected financial gaps through the use of non-recurrent (one off) monies, unfortunately these opportunities are now very limited and more radical solutions need to be identified to close the expected financial gap (deficit).

- We have explored all areas of spend in relation to cost effectiveness, clinical outcomes and essential services.
- NICE fertility guidelines make recommendations about who should have access to IVF treatment on the NHS in England and Wales. However, the final decision about who can have NHS funded IVF in England is made by local CCGs whose criteria may be stricter than those recommended by NICE.
- In assessing the clinical and cost effectiveness of IVF, evidence shows that this falls as age increases, and falls with each unsuccessful cycle.
- We are currently one of only four CCGs in the country that provides IVF fully in line with NICE guidelines, including offering up to three funded cycles.
- The majority of CCGs in the country provide one funded cycle of IVF.
- Our Clinical Cabinet and Governing Body consider that other types of healthcare should take priority over the current level of funding for IVF services.

Where has the provision of IVF in Bury been discussed already?

CCG Governing Body and Clinical Cabinet

Our financial pressures were discussed at the Governing Body meeting in March 2018, at that point we said we would explore taking part in a Greater Manchester review of provision in this area, but would review this locally if a wider review was not timely.

At our Governing Body meeting in May 2018, discussions continued in relation to financial planning for this year. It was also established that there was no imminent Greater Manchester wide review in this area.

The Clinical Cabinet, which is made up of health professionals including local GPs, also considered the issue at its meeting in May 2018. The Clinical Cabinet identified a preferred option to support a change to one funded cycle of IVF, bringing Bury in line with many other areas across the country.

Taking on board the view of the Clinical Cabinet, the Governing Body considered a full range of options at its meeting in May, from maintaining the current provision of up to three funded cycles, moving to two funded cycles, moving to one funded cycle and finally moving to zero funded cycles.

The Governing Body agreed not to identify a preferred option at that stage and instead agreed to seek views and opinions via a public consultation exercise.

It was agreed that we should as a first step liaise with the Chair of the Bury Health Overview and Scrutiny Committee in relation to an appropriate level and duration of consultation with the public around any plans to review IVF provision to ensure a fair and proportionate process to listen to views on a range of options. It was agreed that this should be set in the context of our wider financial position and our duty to break even (balance the books).

Health Overview and Scrutiny Committee

A meeting was held with the Chair of Bury's Health Overview and Scrutiny Committee in July, where it was agreed to proceed with a six week public consultation period. It was agreed that the consultation would be based on a questionnaire and would use all existing networks and communications channels to reach out to local communities and gather views and feedback on proposals to review the provision of IVF in Bury.

What are we proposing?

We know that infertility is a very difficult issue for those affected by it. As part of our review of all commissioned services in Bury, we are faced with difficult decisions, including considering whether IVF services should continue to be funded as they currently are.

Maintaining the current level of provision of IVF would mean that we would need to consider other areas of healthcare in order to make the required savings.

Thinking about the case for change, we would like to hear your views about the options presented below:

- Option 1** Continue to offer up to **three funded cycles** of IVF in line with NICE guidelines
- Option 2** A reduction in provision to up to **two funded cycles** of IVF*
- Option 3** A reduction in provision to **one funded cycle** of IVF*
- Option 4** Moving to **zero cycles** and therefore no longer funding IVF services

*Other than the number of cycles, options 2 and 3 would continue to be compliant with NICE guidelines in terms of access criteria.

If any service was no longer routinely provided through the NHS, an individual funding request could be put forward where there were felt to be exceptional circumstances.

Our duty to involve

We have a legal duty to involve patients and the public in our work in a meaningful way to improve health and care services. This duty is relevant to designing and planning services, decision making and proposals for changes that will impact on individuals or groups and how health services are provided to them.

Where public involvement is required, we must make the best possible judgement on what is a fair and proportionate approach to the individual circumstances. As a public body, we are mindful of our responsibility to involve local patients and the public on this proposed change.

How to get involved

The format of the six week consultation is as follows:

- An **online survey** which will also be available in paper format on request
- Requests for presentations to specific groups or meetings are welcome
- Views can be sent to us by letter or e-mail

The opportunity to take part in the consultation will be promoted through the following mechanisms and networks:

- Press release/s at the start and mid-way point of the consultation period
- CCG website content including on the home page
- Promotion through our social media platforms
- Content on GP practice information screens
- Advertisement on the Bury Directory
- Health Matters E-News to be issued
- Promotion through all existing networks including through Voluntary Community and Faith Sector organisations, Healthwatch Bury, other networks and support groups (i.e. Fertility Network and Fertility Fairness) and local GP practices

What will happen with your feedback?

Feedback from the consultation period will help to inform the Governing Body to make a decision on the future provision of IVF in Bury at its meeting on 26th September 2018. The Governing Body meets in public.

We will publish the outcome of the consultation period on our website, through social media and via the press and media.

.....

This page is intentionally left blank

Scrutiny Report

Agenda Item	
----------------	--

MEETING: **HEALTH AND OVERVIEW AND SCRUTINY COMMITTEE**

DATE: **June 2018**

SUBJECT: **DEVELOPMENT OF A WORK PROGRAMME FOR 2018/2019**

REPORT FROM: **Principal Democratic Services Officer**

CONTACT OFFICER: **Julie Gallagher**

1.0 SUMMARY

This report sets out details of potential items to assist in the development of a Work Programme for 2018/2019.

2.0 MATTERS FOR CONSIDERATION/DECISION

Members of the Health Scrutiny Committee are requested to:

Agree and set an Annual Work Programme for the 2018/19 Municipal year.

3.0 HEALTH OVERVIEW AND SCRUTINY COMMITTEE – TERMS OF REFERENCE.

The terms of reference state that the primary purpose of the Health Scrutiny Committee is:

- To carry out the Council's statutory obligations in relation to reviewing and scrutinising any matters relating to the planning provision and operation of health services in the area of the Council.
- To oversee the health and wellbeing of the Borough's population.
- To Scrutinise the provision, planning and management of Adult Care Services.
- To monitor the implementation of any scrutiny recommendations accepted by the Cabinet.

4.0 WORK PROGRAMME 2014/2015

- 4.1 The Health Scrutiny Committee is required to set a work programme for 2018/2019 which it will monitor throughout the year.
- 4.2 The Work Programme of the Health Scrutiny Committee will need careful consideration, bearing in mind the resources available, time constraints of Members and also the interests of the local community.
- 4.3 Work undertaken in the municipal year 2017/18

- Health and Wellbeing Board Annual Report
- Care at Home Service
- Health Protection Annual Report
- Sexual Health Services Update
- North West Ambulance Service Care at Home Update
- Delayed Discharge
- Urgent Care Redesign
- Transformation

5.0 TOPICS IDENTIFIED

The topics identified have been split into two categories:

1. Topics that the Health O&S Committee may wish to re-visit
2. Topics not previously scrutinised by the Health O&S Committee

Suggested item	Context	Methodology	Outcome
1. Topics to be revisited or for further consideration:			
Delayed Discharge	<ul style="list-style-type: none"> Monitor Bury's Performance against GM performance criteria. 	Interview representatives from the Local Authority and the Acute Trust	
Urgent Care Redesign and Integrated Care Teams	<ul style="list-style-type: none"> Implementation of the proposals 	Interview Representatives from the CCG	Receive assurance in respect of the changes
Additional items for consideration....	<ol style="list-style-type: none"> Director of Public Health's Annual Report Health and Wellbeing Board Annual Report Adults Complaints Report Items as identified on the Cabinet forward plan 		
2. New topics			
Update from the CCG in respect of the Pennine Care Foundation Trust	Update from the CCG in respect of the Trust	Interview representatives from the CCG and the Trust	Members to receive assurances in respect of the commissioning and the provision of Community and mental health services
Integrated Neighbourhood Teams (and links with	Development of the Neighbourhood Teams(Autumn)		Members to develop an understanding of the development of neighbourhood teams.

Neighbourhood Working wider PSR)			
Substance misuse	Contract renewal date imminent		Following previous consideration of this item, Members to receive an update in respect of the tendering process.
GP Extended Hours and Access to Primary Care	Roll out of the long working hours (November)	Clinical Representatives (GP) CCG representative	Members to receive assurances that the extended hours align with the urgent care proposals and the development of the LCO.
Persona Update	Update following the establishment	Invite representatives from Persona and the LA to update	Members to receive assurance with regards to the progress and performance since the establishment of Persona.
Health Visitors	Update on transfer into LA		Inform Councillors of the implications and changes of the transfer of Health visitors into the LA
Interim Chief Executive of LA and CCG – Integration of services	Future direction of travel with regards to the integration of services, the establishment of the OCO and the LCO	Invite Stuart North and Geoff Little to present.	Expand the Councillors knowledge of the proposals and examine the future governance arrangements
Commissioning of Mental Health Services			Bury CCG to present

6.0 CONCLUSION

A well thought out and effective Work Programme, focused on outcomes will strengthen the role of Health Scrutiny within the Council and more widely with partners and stakeholders.

Officer Contact Details: Julie Gallagher
Julie.gallagher@bury.gov.uk
 01612536640